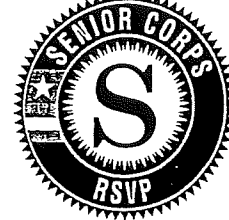


**RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)
BONE BUILDERS PROGRAM**



PARTICIPANTS INFORMED RELEASE

I, the undersigned participant:

1. Certify that I am physically capable of participating in this activity.
2. Understand and confirm that I will choose the level of activity that will not harm me.
3. Assume all risks of injury incurred or suffered while on the premises where the program is being conducted.
4. For myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Retired and Senior Volunteer Program, its sponsor, Southern New Hampshire Services, the site where the RSVP BONE BUILDERS Osteoporosis exercise program is conducted, their agents, representatives, employees, volunteers, class instructors and assignees, for any and all injuries, or otherwise, arising out of or in any way connected to my participation in this exercise program.
5. Understand that Southern New Hampshire Services strongly recommends that I maintain current accident and health insurance and that I seek advice from my health care provider before beginning this or any new exercise program.
6. Understand that, although I provided a physician's medical release before beginning this program, it is incumbent upon me to continue a regular practice of involving my health care provider for my ongoing health and safety.

CLASS INFORMATION

CLASS LOCATION: _____

LEADER NAME: _____

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

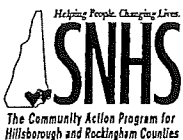
ALTERNATIVE

PHONE: _____

145 Ledge Street, Nashua, NH 03060 (603) 598-9421 Fax (603) 641-6054

www.snhs.org

revised 08/02/2019



Southern New Hampshire Services
Retired and Senior Volunteer Program (RSVP)
BONE BUILDERS EXERCISE PROGRAM

MEDICAL RELEASE STATEMENT FOR EXERCISE

PARTICIPANT/PATIENT INFORMATION

Please fill in this information prior to giving the form to your medical provider

Name _____

Address _____

Phone Number _____

Where did you hear about the program? _____

CLASS LOCATION _____

Your patient would like to participate in an on-going osteoporosis prevention exercise program. The **RSVP BONE BUILDERS** Program is based on a program originally developed at Tufts University. Research published in the New England Journal of Medicine and JAMA have demonstrated conclusively that weight training and balance exercises give participants the strength and stability to significantly reduce incidents of falling and fracturing bones.

Your patient needs your medical clearance in order to join a class. Your patient can provide you with more detailed information about the program if desired. You can also contact us at (603) 598-9421.

This form can be faxed to the Manchester RSVP office at (603) 641-6054.

My patient has no current medical problems that prevent his/her participation in **RSVP BONE BUILDERS** progressive weight and balance training program.

TO BE COMPLETED BY THE PHYSICIAN

Physician's Name _____

Address _____ Phone _____

Physician's Signature _____ Date _____